



## Restaurant Partner Contract

I, \_\_\_\_\_ (Name) on behalf of \_\_\_\_\_ (Restaurant Name, hereby referred to as 'The Restaurant') intend to use the services of Mealshare Aid Society (hereby referred to as 'Mealshare') for the period of \_\_\_\_\_ (starting month) to \_\_\_\_\_ (renewal Month). The Restaurant's commitment will be to:

- Track and record how many Mealshare items are sold each month
- Send a 'Mealshare Item' sales summary to Mealshare within 7 days of end of month
- Authorize Mealshare to charge \$1.00 + applicable taxes for each Mealshare item sold, payable monthly
- Uphold the name of Mealshare
- Retain the Mealshare Cause Marketing Disclosure on location at the restaurant, and make available to customers

I, \_\_\_\_\_ (Name), on behalf of Mealshare Aid Society agree to provide the following services to the above mentioned restaurant for the specified period in compensation for the fee. Mealshare's commitment will be to:

- Ensure one meal is provided through our partner charities for each 'Mealshare item' sold and paid for by The Restaurant (*most often your funds will be spent directly on these meals. Sometimes your funds will be covered by an outside donation or grant, allowing your funds to be left in Mealshare Aid Society to operate & grow the program*).
- Supply proof of these meals provided to The Restaurant in the form of donation certificates from our partner charities.
- Promote and market The Restaurant in accordance with our marketing plan.

Mealshare reserves the right to terminate the contract at any time with written notice, at which time The Restaurant will remove all Mealshare logos from its menu and restaurant location(s) and terminate all communication about the program.

I, \_\_\_\_\_ agree to the above terms. (The Restaurant)

I, \_\_\_\_\_ agree to the above terms. (Mealshare)

Date \_\_\_\_\_



## Mealshare PAD/EFT Authorization Form

Mealshare bills clients by Pre-Approved Debit (PAD). Please provide your information below. This will allow Mealshare to debit your bank account on a monthly basis, rather than relying on cheque payment

### Agreement:

- I hereby authorize collection of payment for all charges as indicated in the terms outlined in Mealshare's general contract. Debit of the attached account will occur on a monthly basis, after the number of Mealshare items sold is reported to Mealshare. The amount debited will be variable, in direct correlation to the number of Mealshare items sold, and as indicated in the terms in Mealshare's general contract.
- I agree that this is a business transfer.
- Canadian Payments Association Rule 1 Section 15(b) states that written notice must be given from payee to payor for every PAD if the amount is to be variable, at set intervals. However, part (d) states that if this is in response to direct action of the payor, such as but not limited to telephone instruction, notice need not be given each month. Part (d) provides the ability to waive the need for this written notice if it is mutually agreeable between payor and payee. I hereby waive my right to written notice for change in PAD amount each month, and expect the amount of PAD to be variable each month in direct response to the changing number of Mealshare items sold.
- This PAD agreement may be cancelled at any time, within 15 days' written notice to Mealshare. The cancellation may be sent to Mealshare Aid Society – PO Box 3359, Sherwood Park, AB T8H 2T3. Inquiries about PAD can be directed to [billing@mealshare.ca](mailto:billing@mealshare.ca). You may acquire sample cancellation forms from your financial institution.
- Note: Cancelling the PAD Agreement does not affect the obligations between payor and payee under the Mealshare general contracts for services. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Billing Contact Name:			
Restaurant			
Signature		Date	
Street Address		Postal	
City		Province	
Email (for receipts)		Phone	

When a PAD transaction has been processed, an automated receipt of payment will be sent out. Mealshare can still provide you with an invoice, **if required**. Please notify your Mealshare contact if you need invoices for your records.

**WE ALSO NEED A VOID CHEQUE TO PROCEED WITH EFT. Please take a picture with your phone, scan, or mail in a hard copy of your cheque..**

Please scan and email your completed onboarding package to [billing@mealshare.ca](mailto:billing@mealshare.ca). If you prefer, you can mail the forms to Mealshare at: PO Box 3359, Sherwood Park, AB T8H 2T3.